

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	71053	16-16-98
O.I.P.E. CLASSIFIER		48	11/12/98
FORMALITY REVIEW		1147	12/9

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3-01
2	✓	✓	4-02
3	✓	✓	4-02
4	✓	✓	4-02
5	✓	✓	4-02
6	✓	✓	4-02
7	✓	✓	4-02
8	✓	✓	4-02
9	✓	✓	4-02
10	✓	✓	4-02
11	✓	✓	4-02
12	✓	✓	4-02
13	✓	✓	4-02
14	✓	✓	4-02
15	✓	✓	4-02
16	✓	✓	4-02
17	✓	✓	4-02
18	✓	✓	4-02
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42	✓	✓	4-02
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45	✓	✓	4-02
46	✓	✓	4-02
47	✓	✓	4-02
48	✓	✓	4-02
49	✓	✓	4-02
50	✓	✓	4-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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